STEWART, KOLASCH &

PLEASE NOTE: **YOU MUST** COMPLETE THE FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO.

2185-0536P FOR PATENT AND DESIGN APPLICATIONS As a below named inventor. I hereby declare that: my residence, post office address and citizenship are as

T	Titles	

Title:	stated next to my name; that is named below) or an origin matter which is claimed and	I verily believe that I am t al, first and joint invent for which a patent is sou	he original, first and sole inventor or (if plural inventors are named by the on the invention entitled:	(if only one inventor below) of the subject		
Insert Title:	PROCESS FOR PRODU	UCING THERMOPLA	ASTIC RESIN COMPOSIT	ION		
Fill in Appropriate	the specification of which is	attached hereto. If not a	ttached hereto			
Information - For Use Without 🛚 🗪			1 27, 2001	as		
Specification	•	·	; and			
Attached: O P						
f <	· 1			as PCT		
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图 初			• •			
The Studings			and the contents of the above ide	ntified specification,		
SINGINAL	fincluding the claims, as amen		referred to above. which is material to patentability as	s defined in Title 37		
	Code of Federal Regulations		vinen is material to patentability as	defined in Title 57,		
	I do not know and do no	t believe the same was eve	er known or used in the United Stat			
			in any printed publication in any c			
			this application, that the same was			
			year prior to this application, that the residual residual transfer to the date of the date of the second s			
			n application filed by me or my leg			
			ns) prior to this application, and th			
			een filed in any country foreign to			
			epresentatives or assigns, except as			
			tle 35, United States Code, §119 (a ted below and have also identifie			
			g a filing date before that of the a			
	priority is claimed:	·		••		
Insert Priority Information:	Prior Foreign Application	n/s)		Priority Claimed		
(if appropriate)	2000-130347	Japan	April 28, 2000			
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No		
	(Number)	(Country)	(Month/Day/Year Filed)			
	(Number)	(Country)	(Month) Day, Teat Flied,	Yes No		
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No		
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No		
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No		
	I hereby claim the benef	it under Title 35, United	States Code, §119(e) of any Unit			
Insert Provisional Application(s):	application(s) listed below.			•		
(if any)	(Application Number)		(Filing Date)			
	(Application Number)		(Filing Date)			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More Than 12 Months (6					
	Months for Designs) Prior	•		(0		
Insert Requested	Country			f Filing (Month/Day/Year)		
Information: (if appropriate)						
(T.b	Table 95 TI-14-	1 Carrage Control 200 a Carrage At 12 12 12			
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the					
-	prior United States application in the manner provided by the first paragraph of Title 35, United States Code,					
			which is material to patentability a			
	Code of Federal Regulations	, §1.56 which became av	ailable between the filing date of t			
Land Data TIP	and the national or PCT inte	rnational filing date of tl	his application:			
Insert Prior U.S. Application(s):						
(if any)	(Application Number)	(Filing Date) (Status - patented, per	iding, abandoned)		

(Filing Date)

(Status - patented, pending, abandoned)

(Application Number)

• I hereby a point the following attorneys to prosecute this plication and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Terrell C. Birch	(Reg. No. 19,382)	Raymond C. Stewart	(Reg. No. 21,066)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
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Leonard R. Svensson	(Reg. No. 30,330)	Terry L. Clark	(Reg. No. 32,644)
Andrew D. Meikle	(Reg. No. 32,868)	Marc S. Weiner	(Reg. No. 32,181)
Joe McKinney Muncy	(Reg. No. 32,334)	Donald J. Daley	(Reg. No. 34,313)
C. Joseph Faraci	(Reg. No. 32,350)	- '	

Send Correspondence to:

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P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor:	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Insert Name of Inventor Insert Date This	Mituo MAEDA	ı	Man 30, 2601		
Document is Signed	Residence (City, State & Country)	mituo maeda	CITIZENSHIP		
Insert Residence Insert Citizenship	Tsukuba-shi, Ibaraki, JAF	PAN	Japanese		
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)				
Insert Post Office Address	2-13-1-5-102, Umezono, Tsukuba-shi, Ibaraki, JAPAN				
Full Name of Second Inventor, if any:	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above	Residence (City, State & Country)		CITIZENSHIP		
	POST OFFICE ADDRESS (Complete Street Address	including City, State & Country)			
Full Name of Third Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above	Residence (City, State & Country)		CITIZENSHIP		
	POST OFFICE ADDRESS (Complete Street Address	including City, State & Country)			
Full Name of Fourth	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
Inventor, if any					
see above	Residence (City, State & Country)		CITIZENSHIP	,	
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)				
Full Name of Fifth Inventor, if any	GIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
see above			LOTIZENOUID		
	Residence (City, State & Country)		CITIZENSHIP	·	
	2007 055105 1200500 (0	including City State 9 County	<u> </u>		
	POST OFFICE ADDRESS (Complete Street Address	including City, State & Country)			

* DATE OF SIGNATURE